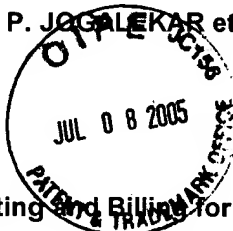


## TRANSMITTAL FORM

Attorney Docket No.  
**M11640/2671P**In re the application: **Prasad P. JOGALEKAR et al.**Confirmation No: **6914**Serial No: **09/895,766**Group Art Unit: **2664**Filed: **June 29, 2001**Examiner: **Fox, Jamal A.**For: **Policy Based Accounting and Billing for Network Services**

2664

Jm

## ENCLOSURES (check all that apply)

|                                     |                                     |   |  |                                     |   |
|-------------------------------------|-------------------------------------|---|--|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Amendment/Reply                     | <input type="checkbox"/>  | Assignment and Recordation Cover Sheet           | <input type="checkbox"/>            | After Allowance Communication to Group      |
| <input type="checkbox"/>            | After Final                         | <input type="checkbox"/>  | Part B-Issue Fee Transmittal                     | <input type="checkbox"/>            | Notice of Appeal                            |
| <input type="checkbox"/>            | Information disclosure statement    | <input type="checkbox"/>  | Letter to Draftsman                              | <input type="checkbox"/>            | Appeal Brief                                |
| <input type="checkbox"/>            | Form 1449                           | <input checked="" type="checkbox"/>   | Replacement Drawings (Figs. 1-8)                 | <input type="checkbox"/>            | Status Letter                               |
| <input type="checkbox"/>            | (X) Copies of References            | <input type="checkbox"/>  | Petition   | <input checked="" type="checkbox"/> | Postcard                                    |
| <input type="checkbox"/>            | Extension of Time Request *         | <input type="checkbox"/>  | Fee Address Indication Form                      | <input type="checkbox"/>            | Other Enclosure(s) (please identify below): |
| <input type="checkbox"/>            | Express Abandonment                 | <input type="checkbox"/>  | Terminal Disclaimer                              |                                     |   |
| <input type="checkbox"/>            | Certified Copy of Priority Doc      | <input type="checkbox"/>  | Power of Attorney and Revocation of Prior Powers |                                     |   |
| <input type="checkbox"/>            | Response to Incomplete Appln        | <input type="checkbox"/>  | Change of Correspondence Address                 |                                     |   |
| <input type="checkbox"/>            | Response to Missing Parts           | *Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxxx month(s), from to . |  |                                     |   |
| <input type="checkbox"/>            | Executed Declaration by Inventor(s) |   |  |                                     |   |

## CLAIMS

| FOR                | Claims Remaining After Amendment | Highest # of Claims Previously Paid For | Extra Claims | RATE     | FEE     |
|--------------------|----------------------------------|---|--------------|----------|---------|
| Total Claims       | 18                               | 26                                      | 0            | \$ 25.00 | \$ 0.00 |
| Independent Claims | 5                                | 7                                       | 0            | \$100.00 | \$ 0.00 |
| Total Fees         |                                  |   |              |          | \$ 0.00 |

## METHOD OF PAYMENT

|                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/>            | Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.                                  |
| <input type="checkbox"/>            | Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.                     |
| <input checked="" type="checkbox"/> | Charge any additional fees or credit any overpayment to Deposit Account No. 02-2120 (Sawyer Law Group LLP). |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|               |                                |
|---------------|--------------------------------|
| Attorney Name | Michele Liu, Reg. No. 44,875   |
| Signature     | /Michele Liu/ Reg. No., 44,875 |
| Date          | July 5, 2005                   |

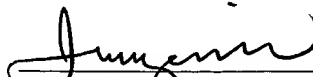
## CERTIFICATE OF MAILING

|  |              |
|--|--------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on <b>July 5, 2005</b> |              |
| Type or printed name   | Jinpy Nguyen |
| Signature  |              |



CERTIFICATE OF MAIL

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on July 5, 2005.

  
Jenny Nguyen

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Date: July 5, 2005

Prasad P. JOGALEKAR et al.

Confirmation No.: 6914

Serial No.: 09/895,766

Group Art Unit: 2664

Filed: June 29, 2001

Examiner: Fox, Jamal A.

For: POLICY BASED ACCOUNTING AND BILLING FOR NETOWRK SERVICES

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT**

Sir:

In response to the Office Action dated April 4, 2005, please amend the above-identified application in the following manner:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Amendments to the Drawings** begin after page 7 of this paper and include both attached replacement sheet and annotated sheet showing changes.

**Remarks/Arguments** begin on page 8 of this paper.